

De Minimus Discharge Monitoring Report Form

SUBMIT TO:

DGP Authorization No. _____

Permittee Name: _____

Arizona Department of Environmental Quality
Surface Water Section / Permits Unit / De Minimus
1110 W. Washington, 5415A-1, Phoenix, AZ 85007

For reporting monitoring for any discharges that last for more than 4 days or release more than 250,000 gallons in any one day, or as required by ADEQ.

Discharge ID* _____ or Type of discharge* _____ if discharge is unspecified Location of Discharge Latitude: []° []' []" (Degrees, minutes, seconds) Longitude: []° []' []" (Degrees, minutes, seconds)				Parameters Monitored (Fill in results for any required monitoring parameters below. If the parameter is not required mark "N/A")								
				Total Residual Chlorine (ug/l)	Oil and Grease (mg/l)	pH (S.U.)	Turbidity (NTU)	E.Coli (cfu)	Total Dissolved Solids (mg/l)	Specify any required 'Constituents of Concern' as defined in the De Minimus General Permit:		
										Units: _____	Units: _____	Units: _____
Specify test method used (if applicable) →												
Discharge Date	Flow Rate (Max/Avg gpm)	Duration of Flow (hrs:min)	Volume discharged (gallons)									
Total volume discharged (gal.):				← (If more than one sheet is used, include total volume on final page only.)								

* Discharge ID and Type of Discharge are required only for Areawide Authorizations. Enter Discharge ID as given on the Discharge Information forms submitted with the Areawide NOI. If the discharge is unspecified, indicate the type of discharge as listed in Table 2 of the Areawide NOI.

CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, I believe the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition I certify that the operator will comply with all terms and conditions stipulated in General Permit No. AZG2004-001 issued by the Director."

Printed Name: _____ Title: _____ Phone: _____

Signature: _____ Date: _____